

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040382

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9999**

**FILED OCT 29 1962**

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Louis**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **St. Lukes Hospital**

Inside Limits  
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY OR TOWN **Normandy** Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)  
**20 Bellerive Acres** Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
**Minnie G. Jordan**

4. DATE OF DEATH  
Month Day Year  
**October 17, 1962**

5. SEX  
**Female**

6. COLOR OR RACE  
**white**

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
**May-7-1870**

9. AGE (last birthday)  
**92**

IF UNDER 1 YEAR IF UNDER 24 Hrs.  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**At Home**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
**Moberly, Missouri**

12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**Calvin Griffith**

13b. MOTHER'S MAIDEN NAME

**Susan Sommers**

14. NAME OF HUSBAND OR WIFE

**Gamble Jordan**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**no none**

16. SOCIAL SECURITY NO.  
**none**

17. INFORMANT Address  
**Mrs. A.G. Peck 20 Bellerive Acres**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**CONGESTIVE HEART FAILURE**

INTERVAL BETWEEN ONSET AND DEATH

**5 DAYS**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**ARTERIOSCLEROTIC HEART DISEASE**

**YEARS**

DUE TO (c)

**POST OPERATIVE - GALL STONE ILEUS**

**3 WEEKS**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**420.0**

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **April 1961** to **DEATH** and last saw him alive on **10-16-62**  
Death occurred at **8:00 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
**Marion G. Binder M.D.**

22b. ADDRESS  
**4652 Maryland St. Louis 8**

22c. DATE SIGNED  
**10-18-62**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Removal**

23b. DATE  
**10-19-1962**

23c. NAME OF CEMETERY OR CREMATORY  
**Valhalla Cemetery**

23d. LOCATION (City, town, or county) (State)  
**St. Louis Co. Mo.**

24. FUNERAL DIRECTOR ADDRESS

**Lupton Chapel Inc. 7233 Delmar Blvd.**

25. DATE RECD. BY LOCAL REG.

**OCT 18 1962**

26. REGISTRAR'S SIGNATURE  
**Loan Smith M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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Mr. Martin Binder  
FO. 7-4057  
4652 Maryland  
12-4:30 PM  
7445 Buckingham  
Rd 5-5661  
Jordan  
City, Mo.

#### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.